

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003350	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/29/2014
NAME OF PROVIDER OR SUPPLIER ST VINCENT SETON SPECIALTY HOSPITAL, INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of two (2) State complaints.</p> <p>Complaint numbers: IN00154872, Substantiated; no deficiencies related to allegations are cited IN00154291, Unsubstantiated; lack of sufficient evidence. Unrelated deficiency cited.</p> <p>Dates of survey: 9/29/14</p> <p>Facility number: 003350</p> <p>Surveyor: Jennifer Hembree RN Public Health Nurse Surveyor</p> <p>Marcia Anness RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 10/06/14</p>	S 000		
S 930	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to ensure physician orders were followed for wound care for 1 of 5 patients (patient #4).</p>	S 930		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 930	<p>Continued From page 1</p> <p>Findings include:</p> <p>1. Review of patient #4's medical record indicated the following:</p> <p>(A) An order was written on 5/14/14 at 1440 hours for Mist therapy to sacrum for 7 minutes x 5 days. The medical record lacked evidence that the order was carried out for the 5 days. The therapy was completed on 5/14/14, 5/15/14, and 5/16/14 only.</p> <p>(B) An order was written on 6/2/14 at 1550 hours for Granulex spray to heel bid (twice daily) for 14 days. The medical record lacked evidence that the spray was used twice on 6/3/14 and 6/14/14. The spray was documented as used once on those days.</p> <p>(C) An order was written on 6/12/14 at 0850 hours to start bid treatment of 1/2 strength Dakins soaked gauze to sacral wound, cover with 2 abd pads and tape. The medical record lacked evidence that the treatment was completed twice on 6/14/14. Per the record, it was only completed once.</p> <p>2. Staff member #3 (Director of Risk Management and Quality and identified as person to assist with medical records) verified the above at 5:00 p.m. on 9/29/14.</p>	S 930			